



CENTER for DENTAL  
ANESTHESIA

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE PRIVACY PRACTICES

**\*You May Refuse to Sign This Acknowledgement\***

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practice

---

Please Print Name

---

Signature

---

Date

Below name the people you would like to share this information with.

---

---

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)